Date of Enrollment Name of Child				
Home Address	ate of Enrollment	Name of Child	I	
Parent's Name	hild's Nickname		Date of Birth	Sex
Address	Iome Address		Home	Telephone
Address	arent's Name			
child's primary source of emergency dental care				me Telephone
hild's primary source of emergency dental care	hild's primary source of	emergency health care		
Address	ddress		Pho	ne Number
mergency Contacts (other than parents and people living in the child's home): Name Relationship to Child Address Phone Number	hild's primary source of	emergency dental care		
mergency Contacts (other than parents and people living in the child's home): Name	Address Phone			ne Number
Name Relationship to Child Address Phone Number Persons authorized to pick up the child: Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Table 19 Staily errands The provider of the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following:	oes your child have any	allergies or special food needs? If yes	, please list	
Name Relationship to Child Address Phone Number Persons authorized to pick up the child: Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Table 19 Stally errands To and from school The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following: The state of the provider permission to transport my child in the provider's vehicle for the following:				
Persons authorized to pick up the child: Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Plaily errands Tield trips	mergency Contacts (oth	er than parents and people living in the c	child's home):	
Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Plaily errands Tield trips	Name	Relationship to Child	Address	Phone Number
Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Address Phone Number (Signature of parent or guardian)				
Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following: The provider permission to transport my child in the provider's vehicle for the following:				
Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Plaily errands Tield trips				
Name Relationship to Child Address Phone Number In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) Thereby give the provider permission to transport my child in the provider's vehicle for the following: To and from school Plaily errands Tield trips				
n case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain mergency medical care and/or provide emergency medical transportation. (Signature of parent or guardian) hereby give the provider permission to transport my child in the provider's vehicle for the following: no and from school Sield trips Tield trips				
hereby give the provider permission to transport my child in the provider's vehicle for the following: O (Signature of parent or guardian) hereby give the provider permission to transport my child in the provider's vehicle for the following: O and from school Slaily errands Scheduled activities Tield trips O (Signature of parent or guardian)	ersons authorized to pic	k up the child:		
hereby give the provider permission to transport my child in the provider's vehicle for the following: O (Signature of parent or guardian) hereby give the provider permission to transport my child in the provider's vehicle for the following: O and from school O (Signature of parent or guardian) Plaily errands O (Signature of parent or guardian) O (Signature of parent or guardian)	•	1	Address	Phone Number
hereby give the provider permission to transport my child in the provider's vehicle for the following: O (Signature of parent or guardian) hereby give the provider permission to transport my child in the provider's vehicle for the following: O and from school Slaily errands Scheduled activities Tield trips	•	1	Address	Phone Number
hereby give the provider permission to transport my child in the provider's vehicle for the following: O (Signature of parent or guardian) hereby give the provider permission to transport my child in the provider's vehicle for the following: O and from school Slaily errands Scheduled activities Tield trips	•	1	Address	Phone Number
hereby give the provider permission to transport my child in the provider's vehicle for the following: and from school Alaily errands Scheduled activities Field trips	•	1	Address	Phone Number
hereby give the provider permission to transport my child in the provider's vehicle for the following: a and from school Alaily errands Scheduled activities Field trips	Name	Relationship to Child		
hereby give the provider permission to transport my child in the provider's vehicle for the following: a and from school Alaily errands Scheduled activities Field trips	Name n case of emergency or s	Relationship to Child erious illness, when parents cannot be re	eached immediately, I hereby authoric	
To and from school Slaily errands Scheduled activities Sield trips of ther	Name n case of emergency or s	Relationship to Child erious illness, when parents cannot be reand/or provide emergency medical transp	eached immediately, I hereby authoric	ze the provider to obtain
(Signature of parent or guardian)	Name n case of emergency or s	Relationship to Child erious illness, when parents cannot be reand/or provide emergency medical transp	eached immediately, I hereby authoric	ze the provider to obtain
(Signature of parent or guardian)	Name n case of emergency or s mergency medical care a	Relationship to Child erious illness, when parents cannot be reand/or provide emergency medical transport my child in the Alaily errands	cached immediately, I hereby authorical fortation. (Signature of parent or provider's vehicle for the following:	ze the provider to obtain
	Name n case of emergency or s mergency medical care a	Relationship to Child erious illness, when parents cannot be reand/or provide emergency medical transport my child in the Alaily errands	cached immediately, I hereby authoric cortation. (Signature of parent or provider's vehicle for the following:	ze the provider to obtain guardian) Gield trips
	Name n case of emergency or s mergency medical care a	Relationship to Child erious illness, when parents cannot be reand/or provide emergency medical transport my child in the Alaily errands	cached immediately, I hereby authoric cortation. (Signature of parent or provider's vehicle for the following:	ze the provider to obtain guardian)